



Studies in the News for



Children and Families Commission

Contents This Week

IMPROVED CHILD DEVELOPMENT

- [Resource guide: Working with dual language preschool children](#)
- [Early care and education needs of military families](#)
- [Early care and education for children in immigrant families](#)
- [The impact of state-funded pre-K expansion](#)
- [81 % of kindergartners ready to learn in Maryland](#)
- [State ECE public policy Developments: Fiscal Year 2011](#)
- [Economic impact of spending on young children](#)
- [Economic value of the early childhood sector](#)

IMPROVED FAMILY FUNCTIONING

- [Treating parents' health and mental health needs to improve parenting](#)
- [Home visiting programs and depressed mothers](#)
- [Evaluating Choice and Promise Neighborhoods](#)
- [Home visiting evidence of effectiveness](#)
- [Early childhood poverty](#)

IMPROVED HEALTH

- [Childhood obesity and dental disease](#)
- [New AAP car safety seat guidelines](#)
- [Child passenger safety technical report](#)

IMPROVED SYSTEMS OF CARE

[California ranked low in child care center regulation/oversight](#)
[Early care and education workforce data](#)

STUDIES TO COME

[Impact of race on participation in early intervention services](#)

CONFERENCES AND OPPORTUNITIES

[2011 National Smart Start Conference](#)
[2011 HighScope International Conference](#)

Introduction to Studies in the News

Studies in the News: Children and Family Supplement is a service provided to the First 5 California Children and Families Commission by the California State Library. The service features weekly lists of current articles focusing on Children and Family policy. Prior lists can be viewed from the California State Library's Web site at <http://www.library.ca.gov/sitn/ccfc/>.

How to Obtain Materials Listed in SITN:

- When available on the Internet, the URL for the full-text of each item is provided.
- California State Employees may contact Information Services at (916-654-0261; cslinfo@library.ca.gov).
- All other interested individuals should contact their local library - the items may be available there, or may be borrowed by your local library on your behalf.

The following studies are currently on hand:

IMPROVED CHILD DEVELOPMENT

PROMISE Preschool Resource Guide. By Kathryn Lindholm-Leary and others. (Promise Design Center, San Bernardino, California) 2011. Various pagings.

Full text at: <http://preschool.promise-initiative.org/>

[“The purpose of the PROMISE Preschool Resource Guide is to provide research-based evidence and best practices for preschools enrolling three- through five-year-old dual language children. This Resource Guide includes the PROMISE Preschool vision, which is a vision of appropriate research-based and best practices for effectively working with dual language preschool children using the research-based PROMISE Preschool Core Principles. The resources presented here include Frequently Asked Questions (FAQs) by preschool teachers and administrators, as well as parents of dual language children. We also include many links to online and print-based materials; research; instructional

strategies, practices, and approaches; assessment ideas; and cultural activities and ideas in English and Spanish.”]

[\[Back to Top\]](#)

On the Home Front: Early Care and Education a Top Priority for Military Families. By Alice Coleman. (Pew Center on the States, Washington, DC) February 2011. 7 p.

Full text at: http://www.preknow.org/documents/2011_MilitaryFamiliesSurvey.pdf

[“Pre-K Now, in collaboration with other early childhood advocacy groups, commissioned a survey of military family members with children age five and younger, including Active Duty, National Guard and Reserve personnel or their spouses. The survey was designed to explore the needs and priorities military parents have for their children, the challenges they face in accessing services and the value they place on the programs currently available. This study, conducted in October 2010 by the Mellman Group and Public Opinion Strategies, found that, most military families, like their civilian peers, do not have access to high-quality early learning and care opportunities.... This brief presents the key findings of the survey and details specific steps state and federal leaders can take to provide the high-quality early childhood programs that servicemen and women themselves identify as critical to their families’ stability at home and their focus and peace of mind on the job.”]

[\[Back to Top\]](#)

Early Care and Education for Children in Immigrant Families. By Lynn A. Karoly and Gabriella C. Gonzalez. IN: Future of Children, vol. 21, no. 1 (Spring 2011) pp. 71-101.

[“A substantial and growing share of the population, immigrant children are more likely than children with native-born parents to face a variety of circumstances, such as low family income, low parental education, and language barriers that place them at risk of developmental delay and poor academic performance once they enter school. Lynn Karoly and Gabriella Gonzalez examine the current role of and future potential for early care and education (ECE) programs in promoting healthy development for immigrant children. Participation in center-based care and preschool programs has been shown to have substantial short-term benefits and may also lead to long-term gains as children go through school and enter adulthood. Yet, overall, immigrant children have lower rates of participation in nonparental care of any type, including center-based ECE programs, than their native counterparts. Much of the participation gap can be explained by just a few economic and sociodemographic factors, the authors find. To some extent, the factors that affect disadvantaged immigrant children resemble those of their similarly disadvantaged native counterparts. Affordability, availability, and access to ECE programs are structural barriers for many immigrant families, as they are for disadvantaged families more generally. Language barriers, bureaucratic complexity, and

distrust of government programs, especially among undocumented immigrants, are unique challenges that may prevent some immigrant families from taking advantage of ECE programs, even when their children might qualify for subsidies. Cultural preferences for parental care at home can also be a barrier. Thus the authors suggest that policy makers follow a two-pronged approach for improving ECE participation rates among immigrant children. First, they note, federal and state ECE programs that target disadvantaged children in general are likely to benefit disadvantaged immigrant children as well. Making preschool attendance universal is one way to benefit all immigrant children. Second, participation gaps that stem from the unique obstacles facing immigrants, such as language barriers and informational gaps, can be addressed through the way publicly subsidized and private or nonprofit programs are structured.”]

Full text at: http://futureofchildren.org/futureofchildren/publications/docs/21_01_04.pdf

Future of Children special issue: “Immigrant Children”:
http://futureofchildren.org/futureofchildren/publications/journals/journal_details/index.xml?journalid=74

[\[Back to Top\]](#)

Perspectives on the Impact of Pre-K Expansion: Factors to Consider and Lessons from New York and Ohio. By Diane Schilder and others. Preschool Policy Brief. No. 21. (National Institute for Early Education Research, New Brunswick, New Jersey) January 2011. 31 p.

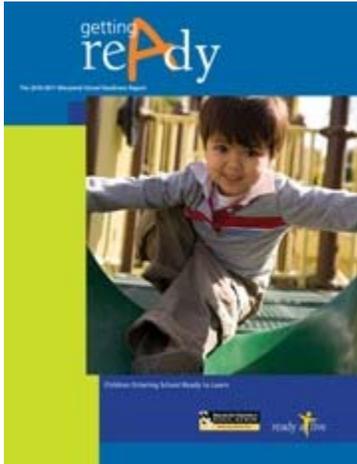
Full text at: <http://nieer.org/resources/policybriefs/22.pdf>



[“This policy brief examines the impact of state-funded pre-K expansion on the quality and supply of child care in New York and Ohio. The authors present the results of analyses of qualitative data, secondary data, and policy documents and address the following questions about factors that can affect the quality and supply of child care: - What state policies and regulations regarding pre-K expansion have the potential to positively impact child care quality and access for low-income working families? - What promising practices and lessons have been learned in pre-K expansion efforts that can positively impact child care quality and access for low-income working families?”]

[\[Back to Top\]](#)

Getting Ready: The 2010-2011 Maryland School Readiness Report. By the Division of Early Childhood Development, Maryland State Department of Education, and Ready at Five. (The Department, Baltimore, Maryland) 2011. 56 p.



[This report “shares what we have learned from the 2010-2011 Maryland Model for School Readiness (MMSR) data about the school readiness of Maryland’s children: statewide, by subgroups, and for each of Maryland’s 24 local jurisdictions. Some of the highlights are: - The percentage of Maryland kindergarteners fully ready to start school increased to 81% in 2010-2011, up 3 points from 2009-2010. This met our expectation for this year’s gain, and it continues the remarkable 32-point increase of the past 10 years, which began with school readiness at 49% in 2001-2002. - Maryland experienced pronounced gains in school readiness across all Domains of Learning. In the

core cognitive Domains, the State saw a 35-point increase from 2001- 2002 in Language and Literacy (71% fully-ready for 2010-2011), a 35-point improvement in Mathematical Thinking (75% fully-ready), and a 44-point jump in Scientific Thinking (68% fully-ready). - African American kindergartners made statistically significant increases: 76% of African-American children are fully school-ready, up from 37% in 2001-2002 and 71% in 2009-2010. - The percentage of kindergarteners from low-income households (as indicated by Free and Reduced Price Meal status) who are fully school-ready rose from 34% in 2001-2002 and 69% in 2009-2010 to 73% in 2010-2011. - Children with disabilities made substantial progress: 56% are fully-ready, gaining 5 points from last year - 2 points more than the statewide gains. - Kindergartners attending public PreK the year prior to entering school continue to be well-prepared: 81% fully school-ready in 2010-2011.” Nancy S. Grasmick, Maryland State Superintendent of Schools]

Full text at: http://www.marylandpublicschools.org/NR/rdonlyres/BCFF0F0E-33E5-48DA-8F11-28CF333816C2/27833/GettingReady_ExSumm20102011.pdf

Related publications:

http://www.marylandpublicschools.org/msde/newsroom/publications/school_readiness

[\[Back to Top\]](#)

State Early Care and Education Public Policy Developments (FY11). By the National Association for the Education of Young Children (NAEYC). (The Association, Washington, DC) February 2011. 24 p.

Full text at:

http://www.naeyc.org/files/naeyc/file/policy/state/State%20ECE%20Public%20Policy%20Developments%202011_2.pdf

[“As states faced growing budget deficits during FY10, the question was not whether funding for early care and education programs and services would be cut, but rather how deep those cuts would go. Although the money that flowed to states through the American Recovery and Reinvestment Act (ARRA) was still available to invest in new programs or to expand existing ones, there were significant cuts made to state child care subsidy programs. These cuts included the elimination of some of these programs, as well as changes to eligibility requirements and co-pays for families. While some states fully eliminated programs and services for young children, there was still some movement forward. States began to add a new frame for building their early childhood systems through their State Advisory Councils on Early Childhood Education and Care (also known as Early Childhood Advisory Councils). Some states also made changes to the funding or structure of their prekindergarten programs. And in a few states, changes to the kindergarten entry date added to the trend that has been seen over the past few years. Following is a recap of public policy developments in states in the following areas: - State Early Childhood Advisory Councils - Governance - Professional Development - Data Systems - Quality Rating and Improvement Systems - Child Care Subsidies - Child Care Regulations - Infant/Toddler - Prekindergarten - Kindergarten - Birth to Five - Continuity of Care - Facilities - Statewide Councils - Legislative Commissions - Public Schools - Quality Supports - Health Care - Child Immunizations - Dental Care - Developmental Screenings - Early Intervention - Autism - Early Childhood Mental Health - Home Visiting - Environmental Health - Ballot Initiatives.”]

[\[Back to Top\]](#)

Vital to Growth: The Early Childhood Sector of the U.S. Economy. By Elaine Weiss, Pew Center on the States and Richard N. Brandon, University of Washington, Seattle. Issue Brief. (Partnership for America’s Economic Success, Pew Center on the States, Washington, DC) February 2011. 10 p.

Full text at:

http://www.partnershipforsuccess.org/uploads/20110218_02211PAESEarlyChildhoodSectorBriefweb.pdf

[“In the first comprehensive calculation of its kind, the Partnership for America’s Economic Success estimates the annual value of U.S. resources devoted to children from birth to age five at nearly \$400 billion. The Partnership examined the early childhood sector (ECS) of our economy to help policy makers: - recognize the ECS’s size and scope and the direct economic contribution of spending on young children; - assess current unmet needs and inefficiencies in the ECS; and - evaluate how their decisions affect the performance of the ECS and the economic and social benefits it produces. This analysis finds that public and private investments in young children are equivalent to 2.9 percent of the gross domestic product (GDP), which calculates the total national value of goods and services. As a share of GDP the ECS is larger than the agriculture (1.2 percent) and utilities (2 percent) sectors and on par with transportation. This study concludes, however, that this level of investment is not adequate to meet the needs of our nation’s

youngest children, who comprise over 8 percent of the population and will grow to be our future workforce.”]

[\[Back to Top\]](#)

The Economic Value of the U.S. Early Childhood Sector. By Elaine Weiss, Pew Center on the States and Richard N. Brandon, University of Washington, Seattle. (Partnership for America’s Economic Success, Pew Center on the States, Washington, DC) 2010. 166 p.

Full text at:

http://www.partnershipforsuccess.org/uploads/20110211_ECSReportFormatted.pdf

[“The societal benefits of certain investments in young children - programs to support their early care and education, support for parents to help them effectively nurture children, and health care, among others - are increasingly clear.... Much less clear, however, is the direct cumulative impact that *all* expenditures on behalf of children have now on the nation’s economy.... In addition, because young children’s programs are ‘siloed’ among different agencies at both federal and state levels - with early care and education under a different set of laws and regulations from health care, and those two distinct from family supports that address issues of nutrition, housing, and other needs - the overall size of these programs’ contribution to the nation’s economy may not always be viewed in a holistic manner.... This combined lack of information - the immediate impact of early childhood programs on state and federal economies, as well as the scope of the ‘sector’ devoted to raising children - may contribute to the neglect of effective early childhood programs in federal and state budgets. In good times, their needs are overshadowed by less effective economic policies, and in difficult economic times, their programs may be among the first to sit on the cutting block.... Describing the contours, components, and limits of this sector illuminates not just its size, but its breadth, including not only early care and education workers, but doctors, nurses, and factory workers who manufacture baby formula, diapers, and swing sets. Finally, the analysis is supplemented with information on latent demand for early childhood programs, as well as the available supply. This structure invites an assessment of unmet needs and inefficiencies in current societal early childhood investments, which can help guide future spending as states and the federal government face difficult budget decisions.”]

[\[Back to Top\]](#)

IMPROVED FAMILY FUNCTIONING

Improving the Lives of Young Children: Meeting Parents’ Health and Mental Health Needs through Medicaid and CHIP So Children Can Thrive. By Olivia Golden and Karina Fortuny. (The Urban Institute, Washington, DC) March 2011. 21 p.

Full text at: <http://www.urban.org/UploadedPDF/412315-Meeting-Parents-Health.pdf>

[“Many young children have developmental or behavioral problems that could be addressed or prevented with the right early response but that are not identified or treated, compromising children’s ability to perform up to their potential in school and leading to more costly interventions later. Because the quality of parenting is so critical to children’s development, parental or family difficulties - including maternal depression - can endanger children’s development. Yet, parents often do not receive needed medical or mental health care. This brief discusses state Medicaid and CHIP choices that can enhance delivery of medical, mental health, and related services to parents.”]

[\[Back to Top\]](#)

Home Visiting and Maternal Depression: Seizing the Opportunities to Help Mothers and Young Children. By Olivia Golden and others. (The Urban Institute, Washington, DC) March 2011. 24 p.

Full text at: <http://www.urban.org/UploadedPDF/412316-Maternal-Depression.pdf>

[“This guide offers practical insights about how home visiting programs can better serve depressed mothers and their young children. Results reveal no single source of help, formal or informal, is universally trusted by mothers, who look for someone with whom they have a trusting relationship over time. Home visiting programs have great potential to help these families. However, programs need strong mental health connections, staff training, and capacity to transition depressed mothers to follow-up treatment, among other enhancements. The Doris Duke Charitable Foundation funded this research as part of an Urban Institute project identifying effective service approaches for depressed mothers.”]

[\[Back to Top\]](#)

How to Evaluate Choice and Promise Neighborhoods. By Robin E. Smith. Perspectives on Low-Income Working Families. Perspectives Brief No. 19. (The Urban Institute, Washington, DC) March 2011. 9 p.

Full text at: <http://www.urban.org/UploadedPDF/412317-Evaluate-Choice-and-Promise-Neighborhoods.pdf>

[“Living in concentrated poverty stifles the life chances of adults and children. Efforts to transform neighborhoods of extreme poverty into places of opportunity must grapple with concentrated disadvantages including distressed housing, failing schools, joblessness, poor health, and violence. Two federal initiatives seeking to address neighborhood deficiencies simultaneously are the Department of Education’s Promise Neighborhoods effort and the Department of Housing and Urban Development’s Choice Neighborhoods program. Evaluating these efforts presents many methodological challenges. This brief provides a framework for designing evaluations of Choice and Promise Neighborhoods including key research questions, different research approaches, and components of an evaluation strategy.”]

[\[Back to Top\]](#)

Home Visiting Evidence of Effectiveness Review: Executive Summary. By Diane Paulsell and others. (Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC) November 15, 2010. 13 p.

[“This executive summary provides an overview of the Home Visiting Evidence of Effectiveness review process, a summary of the review results, and a link to more detailed information. Overall, the review identified impact studies with high or moderate ratings for seven home visiting models: Early Head Start-Home Visiting, Family Check-Up, Healthy Families America, Healthy Steps, Home Instruction for Parents of Preschool Youngsters, Nurse Family Partnership, and Parents as Teachers.” News from Mathematica (March 23, 2011.)]

Full text at: <http://homvee.acf.hhs.gov/document.aspx?rid=5&sid=20&mid=2>

Related materials at: <http://homvee.acf.hhs.gov/>

[\[Back to Top\]](#)

The Long Reach of Early Childhood Poverty. By Greg J. Duncan and Katherine Magnuson, University of California. Pathways (Winter 2011) pp. 23-27.

Full text at:

http://www.stanford.edu/group/scspi/_media/pdf/pathways/winter_2011/PathwaysWinter11_Duncan.pdf

[“NIEER scientific advisory board member Greg J. Duncan, University of California, and Katherine Magnuson, University of California, show that an income boost of \$3,000 for families with young children earning less than \$25,000 per year improved educational achievement and substantially increased the future earnings of the family's children when they reached adulthood. The reverse was true for low-income families with young children whose income declined. Duncan and Magnuson say instead of cutting programs that support the incomes of low-income families with young children, we should be thinking about increasing the Earned Income Tax Credit and the Child Tax Credit.” NIEER Online Newsletter (March 21, 2011).]

[\[Back to Top\]](#)

IMPROVED HEALTH

Childhood Obesity and Dental Disease: Common Causes, Common Solutions. By Children Now. Prepared for the Oral Health Access Council. (Children Now, Oakland, California) February 2011. 11 p.

Full text at:

http://www.childrennow.org/uploads/documents/oral_health_brief_022011.pdf



[“Too many California children suffer from high rates of preventable chronic conditions associated with childhood obesity and dental disease. The state is experiencing a crisis in both areas: 17% of children, ages 2-17, or over 1.6 million children, are overweight or obese; approximately two-thirds, or 6.3 million children, suffer needlessly from poor oral health conditions, such as tooth decay and abscesses, by the time they reach third grade. Fortunately, common factors that contribute to both conditions - including the rates of breastfeeding, access to healthy food and the consumption of sugar-sweetened beverages - can be addressed more effectively in order to reduce the prevalence of both childhood obesity and dental disease.... This policy brief covers the intersections of childhood obesity and dental disease, and offers solutions that can promote the prevention of both.”]

[\[Back to Top\]](#)

“Policy Statement - Child Passenger Safety.” By the Committee on Injury, Violence, and Poison Prevention, American Academy of Pediatrics. IN: Pediatrics, vol. 127 (Early release article, published online March 21, 2011) pp. 788-793.

Full text at: <http://pediatrics.aappublications.org/cgi/reprint/peds.2011-0213v1>

[“Child passenger safety has dramatically evolved over the past decade; however, motor vehicle crashes continue to be the leading cause of death of children 4 years and older. This policy statement provides 4 evidence-based recommendations for best practices in the choice of a child restraint system to optimize safety in passenger vehicles for children from birth through adolescence: (1) rear-facing car safety seats for most infants up to 2 years of age; (2) forward-facing car safety seats for most children through 4 years of age; (3) belt-positioning booster seats for most children through 8 years of age; and (4) lap-and-shoulder seat belts for all who have outgrown booster seats. In addition, a fifth evidence-based recommendation is for all children younger than 13 years to ride in the rear seats of vehicles. It is important to note that every transition is associated with some decrease in protection; therefore, parents should be encouraged to delay these transitions for as long as possible. These recommendations are presented in the form of an algorithm that is intended to facilitate implementation of the recommendations by pediatricians to their patients and families and should cover most situations that pediatricians will encounter in practice. The American Academy of Pediatrics urges all pediatricians to know and promote these recommendations as part of child passenger safety anticipatory guidance at every health-supervision visit.”]

[\[Back to Top\]](#)

Technical Report - Child Passenger Safety. By Dennis R. Durbin and the Committee on Injury, Violence, and Poison Prevention, American Academy of Pediatrics. IN: Pediatrics, vol. 127 (Early release article, published online March 21, 2011) pp. e1050-e1066.

Full text at: <http://pediatrics.aappublications.org/cgi/reprint/peds.2011-0215v1>

[“Despite significant reductions in the number of children killed in motor vehicle crashes over the past decade, crashes continue to be the leading cause of death for children 4 years and older. Therefore, the American Academy of Pediatrics continues to recommend inclusion of child passenger safety anticipatory guidance at every health-supervision visit. This technical report provides a summary of the evidence in support of 5 recommendations for best practices to optimize safety in passenger vehicles for children from birth through adolescence that all pediatricians should know and promote in their routine practice. These recommendations are presented in the revised policy statement on child passenger safety in the form of an algorithm that is intended to facilitate their implementation by pediatricians with their patients and families. The algorithm is designed to cover the majority of situations that pediatricians will encounter in practice. In addition, a summary of evidence on a number of additional issues that affect the safety of children in motor vehicles, including the proper use and installation of child restraints, exposure to air bags, travel in pickup trucks, children left in or around vehicles, and the importance of restraint laws, is provided. Finally, this technical report provides pediatricians with a number of resources for additional information to use when providing anticipatory guidance to families.”]

[\[Back to Top\]](#)

IMPROVED SYSTEMS OF CARE

We Can Do Better: 2011 Update: NACCRRRA’s Ranking of State Child Care Center Regulation and Oversight. By Rosemary Kendall and others. (National Association of Child Care Resource and Referral Agencies (NACCRRRA), Arlington, Virginia) 2011. 198 p.



[“More than 11 million children younger than age 5 spend an average of 35 hours a week in some type of child care setting. State child care licensing requirements govern the health, safety and learning opportunities for these children. State oversight requirements monitor compliance with state policies. ‘We Can Do Better: 2011 Update’ is the third in a series of reports beginning in 2007 that scores and ranks the states, including the District of Columbia and the Department of Defense (DoD) on 10 program requirements and five oversight benchmarks for child care centers. NACCRRRA’s update found that states have made progress but more progress is needed. The average score in 2011 was 87 out of a possible 150 points (compared to 70 in 2007

and 83 in 2009). Using a standard grading scale, no state earned an A. The Department of Defense earned a B, and four states earned a C. Twenty-one states earned a D. Half of the states (26 states) earned a failing grade. While we should be pleased with the improvement among the states since 2007, an 87 equates to a score of 58 percent, a failing grade in any classroom in America.”]

Full text at: <http://www.naccrra.org/publications/naccrra-publications/we-can-do-better-2011.php>

Child Care Centers in California: <http://www.naccrra.org/publications/naccrra-publications/publications/states/California.pdf>

[\[Back to Top\]](#)

Workforce Information: A Critical Component of Coordinated State Early Care and Education Data Systems. By Fran Kipnis and Marcy Whitebook. Policy Brief. (Center for the Study of Child Care Employment, University of California, Berkeley, California) 2011. 12 p.

Full text at: http://www.irlle.berkeley.edu/cscce/wp-content/uploads/2011/03/CSCCEPolicyBrief_WorkforceInformation_March2011.pdf

[“Many in the early care and education field have long recognized the need for high quality, consistent workforce data as a critical component of an improved early care and education system. States have supported a variety of strategies to build workforce data sets focused on certain sectors of the workforce, and some type of workforce data system exists in most states. These systems can serve as the building blocks for integrated, coordinated early learning workforce data systems, and as the workforce component of states’ broader coordinated early care and education data systems which also include information about children and programs as well as the workforce.... The brief describes the early care and education workforce data landscape in the states, focusing on the three main workforce data systems operating across multiple states. It also details the challenges to aligning these systems and current efforts to address these challenges.... Currently, three very well-developed, but independent, early childhood workforce data systems exist across the country: ECE workforce registries, T.E.A.C.H. Early Childhood®, and NACCRRARWare/ T-TAM.”]

[\[Back to Top\]](#)

STUDIES TO COME

[The following studies, reports, and documents have not yet arrived. California State Employees may place requests, and copies will be provided when the material arrives. All other interested individuals should contact their local library - the items may be available there, or may be borrowed by your local library on your behalf.]

“The Impact of Race on Participation in Part C Early Intervention Services.” By Emily Feinberg and others. IN: Journal of Developmental and Behavioral Pediatrics (published online ahead-of-print on March 10, 2011).

[This article “looks at the impact of race on receipt of early intervention (EI) services among children aged birth to 3. Using data from the Early Child Longitudinal Study, Birth Cohort, the authors found that at 9 months of age, of 1000 children eligible for EI services, only 9% received services and race was not a predictor of service receipt. At 24 months of age, 12% of eligible children received services and black children were 5 times less likely than white children to be in this group.” NECTAC eNotes (March 18, 2011.) NOTE: The Impact of Race on Participation... will be available for loan.]

[\[Back to Top\]](#)

CONFERENCES AND OPPORTUNITIES

2011 National Smart Start Conference. North Carolina Partnership for Children, Inc. May 2-5, 2011. The Joseph S. Koury Convention Center. Greensboro, North Carolina.

For more information:

http://smartstart.acteva.net/page_content.php?page_id=4&Itemid=4

[“The National Smart Start Conference is the nation’s largest conference devoted to early education systems and strategies. It provides professional development for early education leaders committed to improving the quality of and access to early childhood services for all children. The conference gives participants the opportunity to access the latest research, learn new skills and share lessons learned. As such, it attracts attendees from all facets of early care and education, including government, nonprofit, academic, community, and business leaders.”]

[\[Back to Top\]](#)

2011 HighScope International Conference: Better Together: Working in Partnership to Help Children Succeed. By the HighScope Educational Research Foundation. May 4-6, 2011. Preconference, May 2-3, 2011. Ann Arbor Marriott Ypsilanti at Eagle Crest, Ypsilanti, Michigan.

For more information: <http://www.highscope.org/Content.asp?ContentId=153>

[“The 2011 HighScope International Conference is designed to be informative, inspirational, and empowering.... In planning this year's event, we've brought together a group of dynamic keynote speakers, researchers, and educators to discuss a range of topics from mathematics to mentoring and creative play to classroom culture. A 90-minute workshop format assures participants ample time for both active learning and active discussion.... Every session is based on the same principles that drive

HighScope's participatory curriculum. Whatever the topic may be, you can expect an engaging, interactive experience — one that blends new discoveries and relevant information with the real-world perspective of participants.”]

[\[Back to Top\]](#)

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